



City of Santa Fe

P.O. Box 909, 200 Lincoln Ave., Santa Fe, New Mexico 87504-0909
(505) 955-6597 • Job opening information (505) 955-6742
FAX (505) 955-6810 • For hearing impaired call TDD (505) 955-6741
<http://sfweb.santafenm.gov>

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a medical condition or disability (unless a bona fide occupational qualification for position).

Position Applied For: _____ Announcement No. _____

PERSONAL INFORMATION

Name: _____

Address: _____

Telephone # (Home) () _____

(Work or other) () _____

Have you been convicted of a felony or misdemeanor? Yes ☐ No ☐ if yes,

Explain and provide dates. _____

Have you ever used a different name for school or employment? If so, what name(s)? _____

Do you now work or have you previously worked for the City of Santa Fe?

Yes ☐ No ☐ If yes, indicate dates: From _____ To _____

Does the City of Santa Fe employ any relative of yours or

are you related to a City Official? Yes ☐ No ☐

Name(s) _____

Relationship(s) _____

Are you eligible to work in the United States? Yes ☐ No ☐

(If selected, proof of eligibility will be required)

Do you possess a valid Driver's License? Yes ☐ No ☐

State _____ Class _____ License # _____

FOR HUMAN RESOURCES STAFF USE ONLY:

Experience: _____

Education: _____

Comments: _____

Accepted ☐ Rejected ☐ Staff: _____ Date: _____

IMPORTANT INSTRUCTIONS

FOR COMPLETING THIS APPLICATION

If you need a reasonable accommodation to apply for employment or during the hiring process, please contact the Human Resources Department.

Each position you apply for requires a separate application. **Resumes will not be accepted in lieu of application.**

Copies of your application are acceptable. Each must be clear, have an original signature, correct job title and required attachments. Applications and attachments become official property of the City of Santa Fe and cannot be returned, reused or copied after being submitted.

The completion of this application represents your ability to provide written communication and follow directions. Incomplete or illegible applications will NOT be processed.

Carefully read the position recruitment announcement for which you are applying. Note the knowledge and skills required for the position. Assure that you meet the minimum qualifications for the position. If high school/GED or college education is required, attach a copy of your diploma, degree or transcripts to EACH APPLICATION. You will not qualify for the position if you fail to attach the required proof of education.

Complete an experience block for each of your past jobs describing your job duties and responsibilities. Volunteer work is acceptable with a letter from the employer documenting the job duties, beginning and ending dates, and number of hours worked.

The Human Resources Office will review all applications to determine if the applicant meets the minimum qualifications. Qualifying applications are then reviewed by the selecting official(s) for selection of interviewees. If you are selected for an interview, you will be contacted by phone. After interviews are conducted, applicants will be contacted by letter and informed of selection status.

APPLICANT DATA RECORD:

To help us comply with Equal Employment Opportunity record keeping, reporting and Application Data Record. This is not required, but we appreciate your cooperation.

This data will be kept in a **CONFIDENTIAL FILE** separate from the Application for Employment.

IT WILL NOT BE SEEN BY THE SELECTING OFFICIAL.

Name

Address

Phone ()

Position Applied For

Date

Referral Source:

☐ Advertisement

Which One:

☐ Friend or Relative☐ Job Line☐ Walk-in☐ Other (Describe)☐ Male ☐ Female

Birth date

Race/Ethnic Group: Check One:

☐ White ☐ Black ☐ Hispanic☐ American Indian/Alaskan Native☐ Asian or Pacific Islander☐ Other**EDUCATION:**

Copies of High School/G.E.D., college degree or college transcripts must be attached to each application to receive credit for education, if it is required.

☐ Yes High School Diploma/GED Certificate?

Name of school

☐ No If no, Indicate Grade completed☐ Vocational/Technical Hrs. completed

Name of School

Major Field:

UNDERGRADUATE:

College or University

Major Field(s)

Hours Completed

Semester:

Quarter:

Degree(s) received:

Date(s) received:

1. License/Certificate issued by

Field/Trade/Specialization

Lic. /Cert. No.

Issue Date

Exp. Date

2. License/Certificate issued by

Field/Trade/Specialization

Lic. /Cert. No.

Issue Date

Exp. Date

Special skills you possess that are relevant to the position being applied for, e.g., computer literacy (types of hardware/software), types of equipment operated, management training, etc.

If you are applying for a position requiring typing, complete and sign the following.

**TYPING PROFICIENCY
SELF - CERTIFICATION**

I hereby certify that I can type at the following speed:

☐ Less than 30 words per minute.☐ 31 - 40 words per minute.☐ 41 - 50 words per minute.☐ 51 - 60 words per minute.☐ 61+ words per minute._____
Signature_____
Date

P001.doc-7/05

PROFESSIONAL REFERENCES (Not Relatives): List only those you will permit us to contact.

Name
Address
Phone

Professional Relationship

Name
Address
Phone

Professional Relationship

Name
Address
Phone

Professional Relationship

EXPERIENCE: Please begin with your most recent experience in block 1. May inquiry be made of your current and past supervisors or employers regarding your character, qualifications, and record of employment?
☐ Yes ☐ No If No, please indicate which employer(s) it applies to and why:
NOTE: Volunteer or unpaid but relevant experience will be evaluated in the same manner as paid experience. A letter from the employer documenting job duties, beginning and ending dates, and number of hours of work is required.

1. Employer's Name			Kind of Business			From (Mo. /Yr.)		From (Mo. /Yr.)	
Employer's Address No. & Street /P.O. Box City State Zip						Your Job Title			
Supervisor's Name Phone Number				Check One Hours/Week <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		START Mo. Pay \$		LAST Mo. Pay \$	
If you supervised employees, please indicate number & give dates No. FROM: (Mo. /Yr.) To: (Mo. /Yr.)					PLACE of Employment (City & State) if different from employer's address				

Duties:
Reasons for leaving or wanting to leave:

DO NOT WRITE IN THIS AREA: YEARS: MONTHS:

2. Employer's Name			Kind of Business			From (Mo. /Yr.)		From (Mo. /Yr.)	
Employer's Address No. & Street /P.O. Box City State Zip						Your Job Title			
Supervisor's Name Phone Number				Check One Hours/Week <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		START Mo. Pay \$		LAST Mo. Pay \$	
If you supervised employees, please indicate number & give dates No. FROM: (Mo. /Yr.) To: (Mo. /Yr.)					PLACE of Employment (City & State) if different from employer's address				

Duties:
Reasons for leaving or wanting to leave:

DO NOT WRITE IN THIS AREA: YEARS: MONTHS:

3. Employer's Name				Kind of Business		From (Mo. /Yr.)		From (Mo. /Yr.)	
Employer's Address No. & Street /P.O. Box City State Zip						Your Job Title			
Supervisor's Name Phone Number				Check One Hours/Week <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		START Mo. Pay \$		LAST Mo. Pay \$	
If you supervised employees, please indicate number & give dates No. FROM: (Mo. /Yr.) To: (Mo. /Yr.)					PLACE of Employment (City & State) if different from employer's address				

Duties:		
Reasons for leaving or wanting to leave:		
DO NOT WRITE IN THIS AREA:	YEARS:	MONTHS:

4. Employer's Name				Kind of Business		From (Mo. /Yr.)		From (Mo. /Yr.)	
Employer's Address No. & Street /P.O. Box City State Zip						Your Job Title			
Supervisor's Name Phone Number				Check One Hours/Week <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		START Mo. Pay \$		LAST Mo. Pay \$	
If you supervised employees, please indicate number & give dates No. FROM: (Mo. /Yr.) To: (Mo. /Yr.)					PLACE of Employment (City & State) if different from employer's address				

Duties:		
Reasons for leaving or wanting to leave:		
DO NOT WRITE IN THIS AREA:	YEARS:	MONTHS:

NOTE: For additional experience blocks, please use continuation sheet.

<p>I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I hereby authorize the City of Santa Fe to investigate the information contained herein and contact those previous employers I have approved. I release all references, previous employers and schools from damages resulting from furnishing such information. I understand that this application shall become a public record upon receipt and therefore shall be available for public inspection.</p>	
Signature of Applicant	Date

CONTINUATION SHEET

Name	Position applied for
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CONTINUATION of EMPLOYMENT RECORD – Please enter number in box before “Employer’s Name” for proper sequence.

Employer’s Name	Kind of Business	From (Mo. /Yr.)	From (Mo. /Yr.)
Employer’s Address No. & Street /P.O. Box City State Zip		Your Job Title	
Supervisor’s Name Phone Number	Check One Hours/Week <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	START Mo. Pay \$	LAST Mo. Pay \$
If you supervised employees, please indicate number & give dates No. FROM: (Mo. /Yr.) To: (Mo. /Yr.)		PLACE of Employment (City & State) if different from employer’s address	

Duties:
Reasons for leaving or wanting to leave:

DO NOT WRITE IN THIS AREA:	YEARS:	MONTHS:
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Employer’s Name	Kind of Business	From (Mo. /Yr.)	From (Mo. /Yr.)
Employer’s Address No. & Street /P.O. Box City State Zip		Your Job Title	
Supervisor’s Name Phone Number	Check One Hours/Week <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	START Mo. Pay \$	LAST Mo. Pay \$
If you supervised employees, please indicate number & give dates No. FROM: (Mo. /Yr.) To: (Mo. /Yr.)		PLACE of Employment (City & State) if different from employer’s address	

Duties:
Reasons for leaving or wanting to leave:

DO NOT WRITE IN THIS AREA:	YEARS:	MONTHS:
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Employer’s Name	Kind of Business	From (Mo. /Yr.)	From (Mo. /Yr.)
Employer’s Address No. & Street /P.O. Box City State Zip		Your Job Title	
Supervisor’s Name Phone Number	Check One Hours/Week <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	START Mo. Pay \$	LAST Mo. Pay \$
If you supervised employees, please indicate number & give dates No. FROM: (Mo. /Yr.) To: (Mo. /Yr.)		PLACE of Employment (City & State) if different from employer’s address	

Duties:
Reasons for leaving or wanting to leave:

DO NOT WRITE IN THIS AREA:	YEARS:	MONTHS:
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CONTINUATION of EMPLOYMENT RECORD

Please enter number in box before "Employee's Name" for proper sequence

	Employer's Name	Kind of Business	From (Mo. /Yr.)	From (Mo. /Yr.)
Employer's Address No. & Street /P.O. Box City State Zip			Your Job Title	
Supervisor's Name Phone Number		Check One <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours/Week	START Mo. Pay \$
				LAST Mo. Pay \$
If you supervised employees, please indicate number & give dates No. FROM: (Mo. /Yr.) To: (Mo. /Yr.)			PLACE of Employment (City & State) if different from employer's address	

Duties: Reasons for leaving or wanting to leave:		
DO NOT WRITE IN THIS AREA:	YEARS:	MONTHS:

	Employer's Name	Kind of Business	From (Mo. /Yr.)	From (Mo. /Yr.)
Employer's Address No. & Street /P.O. Box City State Zip			Your Job Title	
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	Employer's Name	Kind of Business	From (Mo. /Yr.)	From (Mo. /Yr.)
Employer's Address No. & Street /P.O. Box City State Zip			Your Job Title	
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